

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001456 (0)

1. Corporation Name

INVERSIONES CIFUENTES C.A.

Principal Place of Business

Mailing Address

% VICIANA & SHAFER, P.A.  
2800 DOUGLAS RD. PH 8  
CORAL GABLES FL 33134

% VICIANA & SHAFER, P.A.  
2800 DOUGLAS RD. PH 8  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

52-1858479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 4206 LAGUNA ST.

2a. Mailing Address  
26 4206 LAGUNA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 CORAL GABLES, FL.

27 City & State  
28 CORAL GABLES, FL.

24 Zip 33146 25 Country

29 Zip 33146 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICIANA, ENRIQUE  
2800 DOUGLAS RD, PH 8  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4206 LAGUNA ST.

83

84 City CORAL GABLES FL

85 Zip Code 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE MD  
NAME CIFUENTES, ADRIANO  
STREET ADDRESS ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL  
CITY-ST-ZIP CARACAS VENEZUELA ☐ DELETE

TITLE MD  
NAME DE CIFUENTES, SOLEDAD R  
STREET ADDRESS ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL  
CITY-ST-ZIP CARACAS VENEZUELA ☐ DELETE

TITLE MD  
NAME CIFUENTES, MARIBEL  
STREET ADDRESS ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL  
CITY-ST-ZIP CARACAS VENEZUELA ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Viciana*

1/13/98

(305) 446-0969

CR2E034 (10/97)